

PI - Claims Offset, Recording in Accounts Receivable Database

Purpose:

To describe how PI ensures that recovery of provider overpayments and deductions from paid claims are tracked and recorded.

Identification of Roles:

IME Program Integrity (PI)—track provider payments, prepare gross or individual claim adjustments and record deductions from paid claims in the Medicaid Management Information System (MMIS).

Performance Standard:

Record all recoveries of provider overpayments occurring in the current month, whether by check or deduction from claim payments, by close of final business day of the month.

Path of Business Procedure:

The Payment Integrity Specialist is responsible for ensuring the recovery of provider overpayments is tracked and for recording deductions from paid claims in the MMIS by completing the following steps. If a provider does not submit a refund check or money order to the IME it becomes necessary to place a credit against future claim payments to the provider in order to recover overpayments. The progress of claims offsets is tracked from one MMIS payment cycle to the next in the Accounts Receivable database.

Step 1. Prepare for claims offset data entry.

- a. Select **PI/Audit Findings Letters (or General>>Correspondence)** in **OnBase** to locate images of PI findings letters.
- b. Refer to general procedures for accessing the OnBase Client Workflow InBox.
- c. Review applicable findings letters and related documents to verify overpayment amounts.
- d. Review the hard copy case file for each provider, to whom a new findings letter has been issued, for supporting documentation if necessary.
- e. It is also recommended staff refer to the Provider Information and Recoupment Information tables in the PI Accounts Receivable database to locate provider records that contain accounts receivable outstanding for 37 days or more since the date of a recoupment findings letter.

Step 2. Where a deduction from a provider's future claim payments is necessary, access and view the provider's current Claims Activity in the MMIS.

- a. Ascertain whether there will be a continual claim volume sufficient to retire the entire overpayment through claims offset.

Step 3. Prepare MMIS gross adjustments or individual claims adjustments and submit them to CORE.

- a. Prepare a credit adjustment for each provider where a decision to deduct an outstanding PI account receivable from future claims payment is made.

1. Locate all adjustment forms in OnBase by selecting File/New/Forms.
2. Adjustment E-form instructs MMIS to begin withholding the indicated amount from succeeding claim payment cycles until the overpayment is fully recovered.
3. Refer to procedures covering adjustments within MMIS for completion of gross adjustments and individual claims adjustments.
4. Also refer to the procedure, "Claim and Gross Adjustment-Document Import Process" for instructions on a more automated method of submitting E-forms.

- b. Submit all credit adjustments to CORE through OnBase processing.

- c. Verify that a lump-sum credit in the appropriate amount has been entered against the provider's account.

1. Select **Application 5** from the MMIS main menu.

2. Select the provider number, the dates of services covered in the SURS review, and the **Claim Type** using **G**.

3. This query will display all gross adjustments fitting the dates of service covered in the PI review.

- d. Request another query to display all claims, paid from the date of the credit itself to the present date.

1. Request this query by selecting the same provider number.
2. Select the appropriate range of claim payment dates.
3. Leave the field entitled **Claim Type** blank.
4. The display will include, among other fields, the claim payment dates.

Step 4. Determine whether the recovery of the entire overpayment was accomplished in the payment cycle.

- a. If the total recovery appears to be accomplished within the payment cycle, sum the claim payment amounts to verify the sum is equal to or greater than the amount of the overpayment credit.
- b. If the total recovery was NOT accomplished within the first payment cycle, the MMIS will automatically generate a new gross adjustment to show a “no-cash” payment to the provider. The “no-cash” payment will allow the MMIS to provide a payment remittance reflecting all paid claims applied to reducing the credit balance. The Transaction Control Number (TCN) of this transaction will reflect a batch number of 995. This resulting “no-cash” payment is the difference between the outstanding debt and the total claims payments in the payment cycle. The difference between the original and artificial payment amounts should be equal to the recovered amount.

Step 5. Additional MMIS payment cycles may be needed to retire a credit balance.

- a. Review any additional payment cycles by repeating the previously described process and noting any additional paid claims that reduce the credit balance.
- b. Note the transaction control number (TCN) batch numbers generated by MMIS when reviewing gross adjustments for provider numbers and paid date spans.
- c. MMIS generates a specific TCN batch number for gross adjustments not satisfied within one payment cycle. Batch number 995, above, is used for an artificial payment at the end of one cycle and batch number 994 is used for the reversing “credit” at the start of the succeeding payment cycle.

Step 6. Enter the sum of the claims offset (recovery) into the PI Accounts Receivable database.

- a. Access the PI Accounts Receivable database located at <\\Dhsime\PI\SURS\Data Warehouse\Access Databases>.
- b. Access **Forms/Switchboard** to locate the menu containing PI Tracking. The PI Tracking screen displays a main menu with the following options.
 1. Provider Information
 2. Recoupment Information
 3. Audit Status

4. Appeals
5. Letters
6. Medical Records
7. Reports Menu
8. Exit

Step 7. Input recovery data into the **Recoupment Information** forms. Enter new recovery information using the **Datasheet** view or the **Form** view.

a. Locate the provider record and access Recoupment Tracking on the screen.

b. For each claims offset amount, enter the following data into the Payment Activity section. (The OnBaseLog Identification (ID) field will automatically populate with the number from the top, left-hand corner of the screen.)

1. Date (Payment cycle date in the MMIS, always a Monday)
2. Provider Number
3. Payment Type (select Claims Offset)
4. Additions (leave blank)
5. Check Amount (leave blank)
6. Cash Control Number (leave blank)
7. Claims Offset (dollar amount of the offset)
8. Status (Paid in Full or Partial Payment)
9. Deposit Date (leave blank)
10. Document Control Number (DCN) (use the OnBase DCN # of the adjustment e-form)
11. Name of Case Reviewer
12. Notes (be sure to indicate where recovery is “federal-funds only” or where recovery is due to Provider Error Rate Measurement (PERM) or Office of Inspector General (OIG) activities)

c. Entry of the same claims offset information also can be accomplished in the separate table or form, entitled Transactions1. This datasheet or form is formatted the same as the Payment Activity section of the Recoupment Tracking form.

d. Additional data entry rows are automatically created in the Payment Activity section to allow recording of additional payments and other transactions, as needed. An illustration of the Recoupment Tracking Screen is provided in the exhibit below.

Forms/Reports:

Month-End Program Integrity Accounts Receivable Report

RFP References:

6.1.2.2.6

Interfaces:

Program Integrity Unit

Attachments:

<\\Dhsime\pi\SURS\Data Warehouse\Access Databases\SURSAcctsReceivable.mdb>